### United States Bankruptcy Court Southern District of Indiana

In re	The Harrold Family Limited Partnership	Cas	se No. <u>01-16128-B</u>	HL-11	
,	Debto	<del></del> ,			
		Cha	apter	11	

#### **SUMMARY OF SCHEDULES - AMENDED**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts from Schedules D, E, and F to determine the total amount of the debtor's liabilities.

			AM	MOUNTS SCHEDULED	
NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	1,965,000.00		
B - Personal Property	Yes	3	141,284.82		
C - Property Claimed as Exempt	No	0			
D - Creditors Holding Secured Claims	Yes	2		1,488,497.40	
E - Creditors Holding Unsecured Priority Claims	Yes	2		1,256.42	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	1		550.60	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	No	0			N/A
J - Current Expenditures of Individual Debtor(s)	No	0			N/A
Total Number of Sheets of ALL S	Schedules	11			
	Т	otal Assets	2,106,284.82		
		1	Total Liabilities	1,490,304.42	

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#### SCHEDULE D. CREDITORS HOLDING SECURED CLAIMS - AMENDED

State the name, mailing address, including zip code, and account number, if any, of all entities holding claims secured by property of the debtor as of the date of filing of the petition. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests. List creditors in alphabetical order to the extent practicable. If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

			ng secured claims to report on this Schedule D.	С	U	D	AMOUNT OF	
CREDITOR'S NAME AND MAILING ADDRESS, INCLUDING ZIP CODE	CODEBTOR	H W J C	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT TO LIEN				AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION IF ANY
Account No. 020-8588877			11/94	٦ 🕆	A T E			<del></del>
ABN-AMRO 135 S. LaSalle St. Chicago, IL 60674-8241		-	mortgage 2A Wild Turkey Ln, Lewiston, MI condo		D			
			Value \$ 350,000.00				185,473.29	0.00
Account No. 1051746525			8/95					
Bank of America P.O. Box 9000 Getzville, NY 14068-9000		-	mortgage  209 LA Peninsula Blvd., Naples, FL condo					
			Value \$ 290,000.00				192,000.00	0.00
Account No. 7491229554  Commercial Federal Bank P.O. Box 1103  Omaha, NE 68101		_	2nd mortgage 9343 Seascape Dr, Indpls, IN residence					
		L	Value \$ 825,000.00	┸		1	166,000.00	0.00
Account No. 5144053  Countrywide Home Loans P.O. Box 660694  Dallas, TX 75266-0694		-	10/89 1st mortgage 9343 Seascape Drive, Indpls, IN residence  Value \$ 825,000.00			,	618,754.94	0.00
1 continuation sheets attached			1	Sub this			1,162,228.23	0.00

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# SCHEDULE D. CREDITORS HOLDING SECURED CLAIMS - AMENDED

(Continuation Sheet)

		_						
CREDITOR'S NAME AND MAILING ADDRESS, INCLUDING ZIP CODE	CODEBTOR	C 7 N H		CONTINGENT	DZLLQDLD4	S	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION IF ANY
Account No. 08-19000140			7/81	77	DATED			
First Federal Savings Bank 825 Central Ave. Fort Dodge, IA 50501		_	1st mortgage 119 19th Street, West Des Moines, IA office condos  Value \$ 120,000.00		ō		27.002.40	0.00
Account No. 950045084-7	+	╁┈	8/95	+	Н	$\dashv$	37,003.16	0.00
Flagstar Bank 5151 Corporate Dr. Troy, MI 48098-2639		-	mortgage 502 LA Peninsula Blvd., Naples, FL condo					
	_	L	Value \$ 290,000.00				192,766.01	0.00
Account No. 031-2906-24662  GMAC SmartLease PO Box 50470 Indianapolis, IN 46250			2001 lease 2001 Cadillac DeVille					
		ĺ	Value \$ 20,000.00	1		1	2,500.00	0.00
Account No. 365200  New Frontier Bank 2425 35th Avenue Greeley, CO 80634		_	2nd mortgage 119 19th Street, West Des Moines, IA office condos					
			Value \$ 120,000.00	1			94,000.00	0.00
Account No.			120,000.00				94,000.00	0.00
			Value \$					
Sheet 1 of 1 continuation sheets atta Schedule of Creditors Holding Secured Claim		to	(Total of t	Subto his p			326,269.17	
				Ţ	otal		1,488,497.40	

(Report on Summary of Schedules)

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## **AMENDED** SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. Do not include claims listed in Schedules D and E. If all creditors will not fit

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Contingent."

"Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three

Report total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

	ļč	Н	usband, Wife, Joint, or Community		,			
CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR	L W	DATE CLASS	- NT I N			AMOUN	T OF CLAIN
Account No. 3783-481540-51004	<del>-                                     </del>	⊢		Ĕ				
American Express Suite 0001 Attn: Small Business Services Dept Chicago, IL 60679-0001		_	2001 credit card	T				
Account No. 7972820003630050			2001	_	L	╁.	ļ	Unknown
Staples Dept 82-0003630050 PO Box 9020 Des Moines, IA 50368-9020		-	office supplies					
Account No.	-	_						550.60
account No.	┪	+			_			
0 _ continuation sheets attached			(Total of t	L_L Subto nis pa		- 1		550.60
			(Report on Summary of Sc	To hedu				550.60